

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 04/14/03.

I. DISPUTE

Whether there should be **additional** reimbursement for a NT2000 Muscle Stimulator purchased on 11/26/02. The Respondent's EOBs deny additional reimbursement as, "A – PRE-AUTHORIZATION NOT OBTAINED."

II. RATIONALE

Per TWCC Rule 134.600 (h) "The health care treatments and services requiring pre-authorization are: (11) "all durable medical equipment (DME) in excess of \$500 per item (either purchased or expected cumulative rental)...". The provider has submitted proof of preauthorization for this purchase and therefore, has satisfied the requirements of TWCC Rule 134.600 (h) (11). Additional reimbursement recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Medical Review has determined that the requestor **is** entitled to reimbursement for a NT2000 Muscle Stimulator. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby **ORDERS** the Respondent to remit **\$1,145.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 24th day of July 2003.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt